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ABSTRACT

This study investigates variations in the amount, source, and kind of support available to adolescent mothers with differing needs (those in both a comprehensive program for teenage mothers and in high school, those in high school only, and high school dropouts), and the effectiveness of this support. The total sample was composed of 64 black adolescent mothers who averaged 16.27 years of age when their children were born. Tape recorded interviews consisted of open-ended questions and structured probes concerning: (1) mothers' perceptions of social and institutional factors in the context of their lives that made it easier or more difficult for them to function as parents; (2) mothers' approach to dealing with problem situations (coping style); and (3) mothers' emotional reaction to each category of strain in their lives. Following the interviews, Rosenberg's (1965) self-esteem questionnaire and Strickland's (1973) locus of control questionnaires were administered. Overall, the findings indicated that a decrease in stress, an increase in self-esteem, and a more active coping style occurred when support was received from individuals, but not when the support was received from community services that were not specifically designed to meet the needs of adolescent mothers. Mothers who received the most community services support were more likely to believe that they had little control over their lives. (Author/SS)

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Support Systems Used by Adolescent Mothers: Who Helps and What Difference It Makes

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Support Systems Used by Adolescent Mothers:

Who Helps and What Difference It Makes

Recent research has demonstrated that various forms of support are related to maternal emotional response and to mother-child interaction (Andrews et al., 1978; Longfellow et al., 1979; Colletta, 1979). Support is particularly important when mothers face difficult or stressful situations (Longfellow & Zelkowitz, 1979; Weissman & Paykel, 1974). For instance, when the social environment supports the stressed mother, dominating and hostile behaviors are decreased while affectionate and nurturant maternal behaviors are increased (Colletta, 1979; Longfellow et al., 1979). The evidence clearly demonstrates that support is important for the maternal role performance of the adult mothers. However, despite the increasing rates of adolescent parenthood in the United States, little research is available on how the presence or absence of support affects the very young mother. To fill this gap in the literature this study was designed to measure variations in the amount, kind, and sources of support used by adolescent mothers and the relationship of that support to the adolescents' response to their life situations.

Forms of support. Assistance may take a variety of forms. It may consist of emotional backup; a sympathetic person with whom to talk or from whom to receive reassurance. It may also take the form of assistance with responsibilities, particularly caring for home and children. It may be concrete in form, as when necessary money or items are supplied (Caplan, 1974). In addition, support may consist of information which directs and assists the individual (Cobb, 1974).

Emotionally close relationships and task assistance are particularly effective forms of support. For example, when facing severe life events and

long term difficulties, emotional support, most frequently from husbands or boyfriends, is related to less emotional stress, less depression, and decreased feelings of isolation (Longfellow et al., 1979; Bernard, 1974; Brown et al., 1975; Miller & Ingham, 1976). Help in everyday matters has been linked to higher self-esteem and an internalized sense of control (Belle, 1979); while the availability of support in a crisis has been linked to lessened psychological impairment (Andrews et al., 1978) and to maternal behaviors such as fewer negative response styles, greater nurturance, and more friendly patterns of interaction (Longfellow et al., 1979). Finally, assistance with daily child care responsibilities is related to mothers being less demanding and restrictive with their children (Colletta, 1979; Longfellow et al., 1979).

Other forms of support do not appear to be as effective. Brown and his colleagues (1975) have reported that when women face difficult circumstances having emotional ties to a male partner was the only form of social support that protected against depression. Others have reported that neighborhood interaction and community participation (Andrews et al., 1978) or contact with friends, relatives and neighbors (Longfellow et al., 1979) are not related to a decrease in stress and depression. In general, contact which is not combined with an emotionally close relationship does not serve a supportive function.

Sources of support. Potential sources of support include spouses, relatives, friends, neighbors or institutions. Of these, the family is reported to be the most common support system (Dean & Lin, 1977). Looking at specific family members, several studies have documented the supportive function of a partner or spouse. For instance, Abernethy (1973) reported that a mother's feelings of competence and enjoyment of her maternal role was directly related to the support provided by her spouse. Similarly, Hetherington, Cox and Cox

(1978) found that when the father provided support, more effective parenting was observed. Brown and his co-workers (1975) found that when women experienced negative life events intimacy with a husband or boyfriend acted as a powerful mediator between the event and the onset of psychiatric disorder. Feiring and Taylor (n.d.) found that ratings of support from a "secondary parent" (either a spouse or other involved adult) was able to account for 35% of the variance in maternal involvement and responsivity. In a logical extension, other researchers have reported that the absence of a spouse in one-parent families is related to high levels of maternal stress and depression (Longfellow et al., 1979; Pearlin & Johnson, 1977).

Other family members, particularly the grandmother, serve as important sources of assistance. For instance, when mothers are in contact with their own mothers their feelings of maternal competence are increased (Abernethy, 1973). When grandmothers provide child care assistance mothers are able to break the intensity of continuous interaction with their children and are more likely to be warm rather than rejecting (Minturn & Lambert, 1964; Rohner, 1975). When adolescent mothers live with their parents, as most do, they are more likely to receive support in the form of child care and financial assistance (Furstenberg & Crawford, 1978). Furstenberg (Furstenberg & Crawford, 1978) has reported that young mothers who live with their parents are also more likely to finish high school, to have a job and to avoid welfare dependency. Underlining the importance of family support, others have reported that adolescent mothers prefer to rely on their families rather than community services, particularly in the areas of child care, finances and marital problems (Cannon-Bonventre & Kahn, 1979). However, when adolescent mothers feel the need for community services which are unavailable to them they feel less con-

tented in their maternal role and are more likely to experience difficulty in child rearing (Grow, 1979).

The existing data lead to the conclusion that the sources, form, and circumstances under which support is offered account for a portion of the variance in the maternal role performance. While we know that at least some adolescent mothers receive support we have only cursory data in variations in support systems and their impact on the very young mother. To provide this information the research being reported today was designed to investigate the relationship between availability of support systems and maternal response to a stressful situation. Considering the circumstances of adoelscent mothers, the study focused on the questions; what forms of support, given by whom, have what effects on adolescents' reactions to motherhoood?

The Sample. Adolescent mothers from a variety of circumstances were included in the sample. Situations ranged from those mothers who were in a comprehensive program for teenage mothers and in high school (the Program Sample), to those who were in high school but not in a comprehensive program (the High School Sample), and finally to those who had dropped out of school and were not involved in a comprehensive program (the Dropout Sample). The samples were obtained through a public school system from a large metropolitan area on the Atlantic Seaboard. The total sample was composed of 64 black adolescent mothers who averaged 16.27 years of age when their children were born. At the time of the interview, the ages of the mothers ranged from 14 to 19 years with an average of 17.47 years. The children ranged in age from two months to two years with an average of 13 months. The occupational status of the head of the household ranged from no one currently employed or Social Services as the main source of income (40.3%) to those with technical jobs (7.7%) with the majority (52%) falling into the skilled or unskilled blue collar category. The groups did not differ on any of these demographic characteristics.

The tape recorded interviews, conducted either in school, or in the case of the dropouts, in the girls' homes, consisted of open-ended questions and structured probes. The problems and supports interview aimed to elicit mothers' perceptions of social and institutional factors in the context of their lives that made it easier or more difficult for them to function as parents. To determine coping style, the mothers were asked not only what factors they saw as difficult, but how they would go about dealing with problem situations. These coping responses were categorized according to their style; responses that modify the situation, those that avoid the situation, those that redefine its meaning, or those that deal with the resulting stress. Finally, beginning with an open-ended format, mothers were asked to describe their emotional reaction to each category of strain in their lives. These questions took the form, "When you think about (a specific problem area) how do you feel?" Following the interviews, Rosenberg's (1965) self-esteem questionnaire and Nowicki and Strickland's (1973) locus of control questionnaires were administered.

Results

The majority of the young mothers in our sample received extensive support in the categories of: child care assistance, help with housework, assistance during illnesses, financial assistance, child care information, general support from individuals, and community services support (see Table 1). Daily child care was provided by the adolescents' mothers for 44 percent of the high school group, by the infant care centers for all of the program group, and by the adolescents themselves in the dropout group. Twenty percent of the mothers reported that even when they were home someone else assumed the primary responsibility for child care. Seventy-six percent of the mothers in the

high school and program groups shared both housework and child care with the people they lived with. For the dropouts, the impact of their remaining at home was felt in their families' expectation that they do most of the housework and child care with little, if any, assistance (57.2%). The dropouts also reported a high degree of isolation and little support from their peer group. On the topics of financial support and support from community services, the majority (78.1%) of the mothers reported that they received support from social services in the form of Aid to Families with Dependent Children. All but one of the mothers also received financial assistance from their families and in the majority of the cases the baby's father provided incidental support in the form of clothes and other items for the baby. Again, the groups did not differ in their access to the minimal supports of assistance when their child was sick and assistance in the form of advice about how to care for their child. Finally, support from individuals was the mothers' overall estimation of the amount of help available to them as parents. No one reported being totally without support. Responses varied from 22 percent who reported that they did not receive help on a regular basis but who had support available if they asked for it, to 50 percent who lived with someone who actively participated in the child's care, to 20 percent who had another person who assumed the major responsibility for the mothering role. Consistent with other results, the dropouts reported receiving the lowest levels of support from individuals.

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Table 1 About Here
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For 69 percent of the sample the main source of assistance was the adolescent's own mother (see Table 2). How much the maternal grandmother was actually involved depended on the girls' life circumstances. The grandmothers were least involved with the child's daily care when the girls were in a program

that provided infant day care and most involved when the girls were attending high school without having access to day care. Assistance also came from other relatives, typically the adolescent's grandmother, older sister or aunt.

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Table 2 About Here
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Although it is important to have a description of the kinds, amounts, and sources of support received by young mothers, we must go beyond the level of pure description to inquire into the relationship between that support and aspects of the mothers self-system, or self-esteem, sense of control, coping style, and emotional stress.

When the sample as a whole was considered, a consistent relationship was found between the categories of support received from individuals and the dependent variables (see Table 3). When support was received from individuals there was a decrease in stress, an increase in self-esteem, and a more active coping style. When the support was from community services not specifically designed to meet the needs of adolescent mothers there were no significant relationships between that support and stress, coping, or esteem. Institutional, or community services support, was related to just one variable, sense of control. This is a negative relationship, with the mothers who receive the most community service support being more likely to believe that external forces control their lives and that they themselves have little control over what happens.

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Table 3 About Here
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The impact of support becomes more difficult to describe when each of the three groups is considered separately. In general, most consistent rela-

tionships were found between support and stress, particularly in the program and dropout, but not in the high school groups (see Table 4).

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Table 4 about here
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Discussion

The data verified the hypotheses that there are variations in the amount, source, and kind of support avaialble to adolescent mothers. Specifically: 1) The amount of support supplied by individuals varied with the mother's need for assistance. Those who had returned to school and who were working received the highest levels of support. Support was lowest for the dropouts who were frequently not working and who were, by definition, not in school. 2) In general, support which was tailored to meet the adolescent mother's specific needs was most effective. Thus family support or support from a program specifically designed to help young mothers fulfill the dual roles of mother and student had the most positive impact. When mothers had access only to broad based community services not specifically designed for adolescent mothers there was a negative impact on the mother's sense of control. 3) The kind of support which had the most beneficial impact was that which helped the young mothers to meet the day-to-day demands of child care and which provided support during illnesses. This finding is consistent with previous research which reported that when support is closely related to the care of children there is a positive impact not only on the mother's self regard but also on actual mother-child interaction (Colletta, 1979; Longfellow et al., 1979).

In summary, the findings are consistent with the results of research on adult populations which has demonstrated that support offered by significant others serves to cushion the individual aganist the harmful effects of stressful events. Although a theoretical explanation for the relatinship is less clearly defined, the most common interpretation is that individuals who are embedded in a supportive social system do not have to depend on accomplishments for self-esteem since they are likely to feel that they are posi-

tively valued by those who are willing to help them in time of need (Moss, 1973). Such feelings of being worthy of assistance foster the development of a high self-regard. Being surrounded by a supportive social system, individuals also receive assistance in dealing with many life problems. Such consistent experiences of dealing with problem situations may lead in turn to a feeling of active agency in dealing with the environment or to an internalized sense of control. With internalized feelings of control and a positive self regard individuals are more likely to actively cope with their problems and to feel less stress as a result (Belle, 1979).

Although this interpretation appears likely, other interpretations are possible. For instance, it is conceivable that personality factors rather than support systems affect adaptive response patterns. Individuals who have a past history of success in actively dealing with their environment may come to a stressful situation with high self-esteem, an internalized sense-of-control, and a response style of attempting to actively cope with their environment. Such experience may induce them to be instrumental in developing a support system as an active way of coping with their difficult situation.

It is impossible to totally support or reject either of these interpretations without data which describes variations in personality characteristics and support systems prior to the onset of a stressful event. However, evidence is beginning to accumulate that support may be the key factor (Dohrenwend, 1973; Gore, 1978; Myers, et al., 1975) since an increasingly large number of studies indicate that maternal behaviors are positively related to the existence of an active support system (Bernard, 1974; Colletta, 1979; Giovannoni & Billingsley, 1970; Longfellow et al., 1979; Shereskefsky & Yarrow, 1973).

Clearly, the notion that the existence of support systems influenced parental role behavior deserves continued attention. Researchers need to go

beyond the existing work to investigate both the negative as well as the positive effects of being embedded in a social support system and the impact of support not only on mother-child interaction but also on the child's development.

The research also verifies the need to supply adolescent mothers with the supports necessary for them to return to school. If the support is not available and the mothers drop out of school they face isolation from their peer group, unrelieved child care and generally limited life chances. These circumstances, which have such a negative impact on the mother's self system, do not predict positive outcomes for either the mother or her child.

Table 1

Group Differences in Kinds of Support Received[a]

Variables[b]	High School Mean	Program Mean	Dropout Mean	F
Care Arrangements	4.20	4.0	2.57	33.92***
Living Arrangements	4.16	4.08	3.14	4.80**
Housework	4.08	4.16	3.00	6.26**
Peer Group Support	3.36	3.32	2.43	2.99*
Support During Illness	3.36	3.24	2.57	n.s.
Financial Aid	4.20	4.36	4.57	n.s.
Community Services	4.64	4.76	4.57	n.s.
Child Care information	4.08	4.00	3.64	n.s.
Support from Individuals	4.20	4.00	3.43	7.73***
Total Support	4.03	3.99	3.33	11.05***

[a]df (2,61)
[b]Mean score coded on a scale of 1(low) to 5(high)

*p <.05
**p <.01
***p <.001

Table 2

The Main Source of Support for High School,

Program and Dropout Samples

Source of Support	Group High School	Program	Dropout
No Support	0	0	0
Friends/Neighbors	0	4% (N=1)	0
Baby's Father	8% (N=2)	8% (N=2)	14.3% (N=2)
Own Relatives	20% (N=5)	12% (N=3)	35.7% (N=5)
Own Mother	72% (N=18)	76% (N=19)	50% (N=7)
	100% (N=25)	100% (N=25)	100% (N=14)

Table 3

Correlations Between Kinds of Support and

Sum Scores for Total Sample

Support Variables	Sum Scores: Coping Style	Self Esteem	Sense of Control	Emotional Stress
Care Arrangements	.25*	.43***	-.06	-.25*
Living Arrangements	.19	.09	.01	-.42***
Housework	.26*	.18	-.07	-.33**
Peer Group Support	.21*	.16	.09	-.32**
Support During Illness	.26*	.05	.10	-.50***
Financial Aid	-.04	-.06	.02	.04
Community Services	-.02	.04	-.55***	-.03
Child Care Information	.22*	-.13	.07	-.32**
Support from Individuals	.29**	.25*	.03	-.32**
Total Support	.36**	.20*	-.03	-.55***

*p <.05
**p <.01
***p <.001

Table 4

Correlations Between Kinds of Support and Sum Scores by High School, Program and Dropout Groups

Support Variables	Sum Scores: Coping Style			Self-Esteem			Sense of Control			Emotional Stress		
	High School	Program	Drop-out	High School	Program	Drop-out	High School	Program	Drop-out	High School	Program	Drop-out
Care Arrangements	-.08	.30	-.18	.19	-.09	.34	.26	.30	-.39	-.07	-.37*	-.00
Living Arrangements	-.03	.40*	-.23	.13	-.20	-.11	.12	-.11	-.05	-.21	-.42**	-.56*
Housework	.00	.42**	-.16	.10	-.06	-.18	.00	.16	-.12	-.24	-.18	-.50*
Peer Group Support	-.07	.57***	-.60**	.11	-.09	.05	.25	-.10	.07	-.11	-.47**	-.06
Support During Illness	-.02	.32	.21	.10	-.31	.08	.25	.04	.01	-.32	-.49**	-.74***
Financial Aid	.28	.09	-.18	.35*	.12	-.23	-.23	.38*	.20	-.13	.11	-.08
Community Services	.20	-.24	-.07	-.16	-.14	.25	-.70***	-.37*	-.35	.26	-.13	-.23
Child Care Information	.27	.17	.14	-.06	.11	-.61**	.14	-.26	.48	-.20	-.50**	-.11
Support from Individuals	-.14	.47**	-.06	.21	-.05	.20	.17	.07	-.28	-.16	-.37*	-.17
Total Support	.07	.54**	-.27	.17	-.10	-.13	.12	-.03	-.03	-.29	-.62***	-.59**

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